

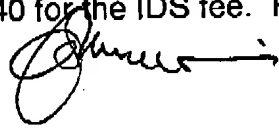
FEB 03 2004

OFFICIAL

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WRITER'S DIRECT DIAL NUMBER:
(703) 816-4005**FACSIMILE COVER SHEET**
PLEASE DELIVER IMMEDIATELY!!!!Our Ref.: 3911-10
Your Ref.: USSN 09/913,524 Date: February 3, 2004To: Examiner Johannsen
Firm: USPTO
Facsimile No.: 571-273-0744
From: Len MitchardNumber of Pages (including cover sheet): _____
(IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION,
PLEASE CONTACT US IMMEDIATELY AT (703-816-4000).lcm
FACSIMILE OPERATOR

ATTACHMENT/S: Supplemental Amendment; IDS; PTO 1449; reference

MESSAGE: Dear Examiner Johannsen, I refer to our telephone conferences and now attach the amendment and IDS/PTO1449 and reference. I understand you will obtain the other references listed in the PTO 1449. Please charge \$180.00 to our deposit account 14-1140 for the IDS fee. Please confirm receipt of this transmission. Thanks.
Len Mitchard

**CONFIDENTIALITY NOTE**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 3911-10
C# M#

SHELLING, Andrew N.

TO/A.U. 1634

Serial No. 09/913,524

Examiner: Diana B. Johannsen

Filed: August 15, 2001

Date: February 3, 2004

Title: DIAGNOSIS AND THERAPY OF PREMATURE OVARIAN FAILURE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 7 minus highest number
previously paid for 20 (at least 20) = 0 x \$ 18.00 \$ 0.00

Independent claims after amendment 2 minus highest number
previously paid for 3 (at least 3) = 0 x \$ 86.00 \$ 0.00

If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months) \$ 0.00

Terminal disclaimer enclosed, add \$ 110.00 \$ 0.00

☐ First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00)

☐ Please enter the previously unentered, filed

☐ Submission attached

Subtotal \$ 0.00

If "small entity," then enter half (1/2) of subtotal and subtract

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee (\$180.00) \$ 180.00

Assignment Recording Fee (\$40.00) \$ 0.00

Other: **TOTAL FEE ENCLOSED \$ 180.00**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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NIXON & VANDERHYE P.C.
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: 

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SHELLING, Andrew N.

Atty. Ref.: 3911-10; Confirmation No. 9590

Appl. No. 09/913,524

TC/A.U. 1634

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For: DIAGNOSIS AND THERAPY OF PREMATURE OVARIAN FAILURE

* * * * *

February 3, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SUPPLEMENTAL AMENDMENT

Supplemental to the Amendment filed September 8, 2003, please further amend
the above-identified application as follows: